FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in the second	full) (Check if name Example: If typying, type over the lines	12FE4M5
DISTRICT 2A 1	TTWISEU YOLUNTARY POLITICAL ACTION FUND	
ADDRESS (number and s	2 WEST DIXIE HIGHWAY	
(Check if address		
X is changed)	DANIA BEACH	FL 33004 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	smills@amo-union.org	
(Check if address is changed) 2. DATE M M 1 2		
3. FEC IDENTIFICA	TION NUMBER C C00342105	1
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	id complete
Type or Print Name of	TreasurerJack Branthover	
Signature of Treasurer	Electronically Filed by Jack Branthover	Date 03 / 24 / Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	